

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		CK	5-4-99
O.I.P.E. CLASSIFIER		7	5-4-99
FORMALITY REVIEW	9/2	08518	5/10/99 8/18/99

INDEX OF CLAIMS

✓ Rejected	N Non-elected
 Allowed	I Interference
-	(Through numeral)..... Canceled	A Appeal
+ Restricted	O Objected

Claim	Date
Final	
Original	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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